South Bend Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	01/02/2013	Address:	906 S. Menifield
Case #:	13-0009		Mishawaka, IN 46544
County:	St. Joseph		
Type of Laboratory Scizure (check one)		Scizure Location (check all that apply)	
	onal Lab al/Glassware/Equipment (only) ite (only)	☐ Residence ☐ Outbuilding ☑ Vehicle	Hotel/Motel Open No Structure Other:
(check all d ☐ Lithium ☐ Red Phe ☐ Flamma ☐ Water F ☐ Anhydr ☐ Hydroc ☐ Corrosi ☐ Corrosi	nd: Location (bedroom, kitchen, open ainst apply) n/Animonia Reaction(s): osphorous/Iodine Reaction(s): able Solvents: Reactive Metal (Lithium): ous Ammonia: bloric Acid Gas Generator(s): ve Acid: tem and location): tem and location):	<u>r. ete)</u>	
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agent		Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other: eies that serve the location:	
Fire Department: MFD Health Department: SJCHD Child Protection Service: For further information regarding this methampheta		Fax: 574-2 Fax: 574-2 Fax:	<u>35-9497</u> -
Investigating Officer: Sgt. Kathy Fulnecky Phone 574-235-9406			

^{##} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.